2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90554 038 ****55.00

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1. Entity Name
AMERICA TITLE, LLC

24029813

Principal Place of Business	Mailing Address
1248 SEVEN SPRINGS BLVD SUITE C NEW PORT RICHEY, FL 34655	7360 BRYAN DAIRY ROAD SUITE 200 LARGO, FL 33777

02242004   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address _2075 Centre Pointe Blvd._	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State _Tallahassee, FL_	**4.** FEI Number 59-3675806 · Applied For · Not Applicable
Zip	Country	Zip _32308_	Country	**5.** Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
LAJOIE, JOHN T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	Name _First American Affiliates, Inc._ Street Address (P.O. Box Number is Not Acceptable) _2075 Centre Pointe Boulevard_ City _Tallahassee_ FL Zip Code _32308_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Ryan Gaulty as VP of First American Affiliates Inc._ _3/18/04_
Signature, typed or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature required when reinstating.   DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		**10.**	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIRST AMERICAN AFFILIATES INC 2075 CENTRE POINTE BLVD TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Ryan Gaulty as VP of First American Affiliates Inc. 3/18/04_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #